

HUMAN SERVICES DEPARTMENT[441]

Adopted and Filed

Pursuant to the authority of Iowa Code section 234.6 and 2016 Iowa Acts, House File 2460, the Department of Human Services amends Chapter 86, “Healthy and Well Kids in Iowa (HAWK-I) Program,” Iowa Administrative Code.

These amendments add occupational therapy as a covered service under the HAWK-I program. These amendments clarify additional covered services that are required under Iowa Code chapter 514I and also clarify federal poverty limits that were adjusted to be in compliance with the Affordable Care Act (ACA).

Notice of Intended Action was published in the Iowa Administrative Bulletin as **ARC 2784C** on October 26, 2016. The Department received one comment from a respondent during the public comment period. The respondent requested that the occupational therapy benefit for HAWK-I patients outlined in the Iowa Administrative Code be for rehabilitation and habilitation services. This change would ensure that insurance payers administering the HAWK-I program will not exclude developmental and genetic conditions from being covered and also help to ensure that the insurance payers administering the HAWK-I program will not limit occupational therapy to a specific body part.

Department Response: The Department is unable to make the requested change because the law only mandates coverage for occupational therapy and does not specify what types of services are included.

These amendments are identical to those published under Notice of Intended Action.

These amendments were adopted by the HAWK-I Board on December 19, 2016.

These amendments do not provide for waivers in specified situations because requests for the waiver of any rule may be submitted under the Department’s general rule on exceptions at 441—1.8(17A,217).

After analysis and review of this rule making, no impact on jobs has been found.

These amendments are intended to implement Iowa Code chapter 514I as amended by 2016 Iowa Acts, House File 2460.

These amendments will become effective March 1, 2017.

The following amendments are adopted.

ITEM 1. Amend subrule 86.8(7) as follows:

86.8(7) Copayment. There shall be a \$25 copayment for each emergency room visit if the child’s medical condition does not meet the definition of emergency medical condition.

EXCEPTION: A copayment shall not be imposed when family income is less than ~~450~~ 181 percent of the federal poverty level for a family of the same size or when the child is an eligible American Indian or Alaskan Native.

ITEM 2. Amend subrule 86.14(1) as follows:

86.14(1) Required medical services. The participating health plan shall cover at a minimum the following medically necessary services:

a. to n. No change.

o. Translation and interpreter services as specified pursuant to the federal Children’s Health Insurance Program Reauthorization Act of 2009, Pub. L. No. 111-3.

p. Chiropractic services.

q. Occupational therapy.

ITEM 3. Amend subrule 86.20(3) as follows:

86.20(3) Premiums. Premiums for participation in the supplemental dental-only plan are assessed as follows:

a. No premium is charged to families who meet the provisions of subparagraph 86.8(2) “*a*”(1) or to families whose countable income is less than ~~452~~ 167 percent of the federal poverty level for a family of the same size using the modified adjusted gross income methodology.

- b.* If the family's countable income is equal to or exceeds ~~152~~ 167 percent of the federal poverty level but does not exceed 203 percent of the federal poverty level for a family of the same size, the premium is \$5 per child per month with a \$10 monthly maximum per family.
- c. to f.* No change.

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EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 1/18/17.